



Commonwealth of Virginia

Certification Application for Non-Participating Tobacco Product Manufacturers (NPM)

Note: All fields must be filled in and all attachments/supporting documentation must be included with the certification application before it will be considered for review.

Part 1: Type of Certification Application: Sales Year:

<input type="checkbox"/>	Initial Certification - Applicant is not currently listed on the Virginia Tobacco Directory.
<input type="checkbox"/>	Annual Certification Application - Due April 30th, for continued listing on the Virginia Tobacco Directory.
<input type="checkbox"/>	Supplemental Certification Application - Change of information provided to the Attorney General, request to add brands to the Virginia Tobacco Directory, request to remove brands from the Virginia Tobacco Directory. (Due 30 days prior to any desired change in previously approved Certification Application)

Part 2: Tobacco Product Manufacturer Identification:

Full Legal Name:		
Type of Business:		
<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Co. <input type="checkbox"/> Other (<i>specify</i>) _____		
State/Country Where Created, Incorporated, or Registered:	Federal Employer Identification Number:	Federal Tobacco Manufacturer/Importer Permit Number:
Trading as (<i>list all names ever used</i>):		
Physical Address:		
Mailing Address:		
Phone Number:	Fax Number:	
Email Address:	Web Address:	
Name and Title of Contact Person:	Phone Number:	Email Address:
Name and Title of Person Completing Application:	Phone Number:	Email Address:

Part 3: Name(s), Phone Number(s), Email(s), Title(s), Address(es) and Dates of Service
for all Current and Past Officers, Directors and or Partners.

Name:	Phone Number:	Email:	Title:
Address:			Dates of Service:
Name:	Phone Number:	Email:	Title:
Address:			Dates of Service:

(attach additional pages if needed)

Part 4: If the Tobacco Product Manufacturer is represented by outside counsel for the purpose of compliance with Va. Code § 3.2-4200 *et seq.*, provide the following:

Name:		
Firm:		
Address:		
Phone Number:	Fax Number:	Email:

Part 5 (if applicable): Registered Agent Identification for Service of Process within the Commonwealth of Virginia for NPM located within the United States:

Company:		
Agent:		
Address:		
Phone Number:	Fax Number:	Email:

Part 6 (if applicable): Registered Agent Identification for Service of Process within the Commonwealth of Virginia for NPM and/or importers located outside the United States:

Company:		
Agent:		
Address:		
Phone Number:	Fax Number:	Email:

Part 7: Fabricator Identification:

Yes <input type="checkbox"/> No <input type="checkbox"/>	Does the TPM fabricate/blend its own cigarettes/RYO? *If no, please provide the following fabricator identification information:	
Company Name:		
Contact Name:	Title:	
Physical Address:		
Mailing Address:		
Phone Number:	Fax Number:	
Email:	Web Address:	

Part 8: Contract Manufacturing:

Yes <input type="checkbox"/> No <input type="checkbox"/>	Does the TPM currently manufacture, or has it previously manufactured, for another company: *If yes, please provide the following information:		
BRAND	Sold in Current Year? Y/N	Currently Manufactured? Y/N	Manufacturer

*(attach additional pages if needed)***Part 9:** List every Brand Family the Tobacco Product Manufacturer has fabricated, or caused to be fabricated by another entity, since July 1, 1999:

BRAND	Sold in Current Year? Y/N	Still Being Manufactured? Y/N	Manufacturer

(attach additional pages if needed)

Part 10: Brand Families and Brand Styles TPM seeks to certify and take Escrow Statute (Va. Code § 3.2-4200, et seq.) responsibility for:

Cigarette or RYO	Brand and Style	Units Sold in the Previous Calendar Year	Previous Fabricator	Current Fabricator

(attach additional pages if needed)

Part 11: For each Brand Family and Brand Style, list the entity that actually packaged the cigarettes with the US Surgeon General Warnings (*cigarettes only*):

[illegible]

(attach additional pages if needed)

Part 12: For each Brand Family, list the stamping agent(s) to whom the TPM's cigarettes and/or RYO tobacco product is sold and/or that affixes the Virginia excise tax stamps to cigarettes and/or pays excise tax on RYO tobacco product:

Brand Family	Company Name	Address	Phone Number

(attach additional pages if needed)

Part 13: Internet and Mail Order Sales:

Yes <input type="checkbox"/>	No <input type="checkbox"/>	Does applicant advertise or sell cigarettes via the internet or in catalogs and use the mail or other delivery service to deliver cigarettes to Virginia consumers? *If yes, please provide the following:
Company Name:		
Contact Name:		Title:
Physical Address:		
Mailing Address:		
Phone Number:		Fax Number:
Email:		Web Address:
Country and State of incorporation or registration:		
Month and year that company began selling cigarettes and/or RYO into Virginia :		
Dollar amount and quantity of total sales within Virginia for the previous calendar year:		

(attach additional pages if needed)

Part 14: Qualified Escrow Fund:

Financial Institution:		
Agent:		
Physical Address:		
Mailing Address:		
Phone Number:	Fax Number:	Email Address:
Account Number:		
Commonwealth of Virginia (Sub)Account :		

Part 15: Escrow History for the Commonwealth of Virginia (Sub) Account:

Date	Deposit	Withdrawal	Balance

(attach additional pages if needed)

Part 16: Disclosure of Enforcement Actions, Prior Determinations and Assertions:

Yes <input type="checkbox"/> No <input type="checkbox"/>	The TPM (or any person or entity listed in the Certification) has been denied a permit or license, or been denied any other authorization to engage in business relating to the sale of cigarettes by any government entity (federal, state, local or foreign) or had such permit, license or other authorization revoked, suspended, or otherwise terminated.
Supporting Documents Attached <input type="checkbox"/>	If Yes: For each such denial, revocation, suspension or termination of a permit, license or other authorization, a copy of any case decision and the following information must be attached to the Certification: (1) the name of the person or entity that had such permit, license or other authorization revoked, suspended or otherwise terminated; (2) the governmental entity (federal, state, local or foreign) that denied, suspended or revoked such permit, license or other authorization; (3) the case number; and (4) the name and address of the government attorney or official that brought the action.
Yes <input type="checkbox"/> No <input type="checkbox"/>	The TPM (or any person or entity listed in the Certification) has been convicted of any crime under federal, state, local, or foreign law in connection with the sale of cigarettes.
Supporting Documents Attached <input type="checkbox"/>	For each such conviction, a copy of any case decision and the following information must be attached to the Certification: (1) the name of the person or entity convicted; (2) the governmental entity (federal, state, local or foreign) that prosecuted the action; (3) the case number; and (4) the name and address of the government attorney or official that prosecuted the action.
Yes <input type="checkbox"/> No <input type="checkbox"/>	The TPM (or any person or entity listed in the Certification) has been involved as an officer or owner of any other TPM.
Supporting Documents Attached <input type="checkbox"/>	Name of the other TPM must be provided and a complete description of the involvement with such entity must be attached to the Certification. If any such other TPM has ever been sued by any state for alleged failure to fully and properly comply with its obligations under the Master Settlement Agreement, the Virginia Tobacco Escrow Statute or any state tobacco escrow statute, for each such occurrence a copy of any case decision and the following information must be attached to the Certification: (1) the name of the entity that failed to comply with its obligations under the MSA, the Virginia Tobacco Escrow Statute or any state tobacco escrow statute; (2) the Brand Family(s) for which the entity failed to comply with its obligations; (3) the amount of any unpaid obligation; and (4) a complete description of the current status of the matter.
Yes <input type="checkbox"/> No <input type="checkbox"/>	The TPM (or any person or entity listed in the Certification) has been denied listing in any other state tobacco directory.
Supporting Documents Attached <input type="checkbox"/>	For each such denial, a copy of any case decision and the following information must be attached to the Certification: (1) the name of the person or entity denied listing in a state tobacco directory; (2) the TPM and Brand Family(s) denied listing; and (3) the state where listing was denied.
Yes <input type="checkbox"/> No <input type="checkbox"/>	The TPM, or any person listed in the Certification, has had any of its cigarettes banned or enjoined from sale by any state or federal court or administrative agency.
Supporting Documents Attached <input type="checkbox"/>	For each injunction or ban, please attach all corresponding letters and opinions.

Part 17: Qualified Escrow Account Information

Yes <input type="checkbox"/> No <input type="checkbox"/>	The TPM asserts that it has executed a Qualified Escrow Agreement that has been reviewed and approved by the Virginia Office of the Attorney General. The TPM has also established and continues to maintain the Qualified Escrow Fund defined by Va. Code Sec. 3.2-4201.
Supporting Documents Attached <input type="checkbox"/>	If Yes: A copy of the Qualified Escrow Agreement including any amendment(s) is attached.
Yes <input type="checkbox"/> No <input type="checkbox"/>	The TPM asserts that any previous withdrawal from the Qualified Escrow Agreement was in compliance with Va. Code § 3.2-4201(B).
Supporting Documents Attached <input type="checkbox"/>	If Yes: A current account ledger and a statement from the Escrow Agent verifying all current calendar year transaction records for the Commonwealth of Virginia (sub)account are attached.
Yes <input type="checkbox"/> No <input type="checkbox"/>	The TPM asserts that funds held in the Qualified Escrow Fund on behalf of Virginia are in a separate account apart from escrow funds held on behalf of any other state.
Yes <input type="checkbox"/> No <input type="checkbox"/>	The TPM asserts that the Qualified Escrow Fund is not encumbered by a security interest granted to a third party.

Part 18: Required Attachments and Supporting Documentation:

Response Provided	Attach the following documents or information:
Yes <input type="checkbox"/> No <input type="checkbox"/>	A copy of the current Articles of Incorporation, Certificate of Limited Partnership, Articles of Organization, or comparable applicable document, including any amendments, are attached to the certification.
Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	If TPM is located in the U.S., a current statement from the registered agent certifying service in this capacity.
Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	If TPM is located outside the U.S., a completed “Declaration of Tobacco Product Importer Accepting Joint and Several Liability with Non-Participating Manufacturer for Escrow Compliance in Virginia and Appointing Resident Agent for Service of Process” form from each of your importers into the United States of any brand families to be sold in Virginia that such importer accepts joint and several liability with you for all escrow deposits due in accordance with Va. Code § 3.2-4201, for all penalties assessed in accordance with Va. Code § 3.2-4201, and for payment of all costs and attorney fees imposed in accordance with this article. The “Declaration of Tobacco Product Importer Accepting Joint and Several Liability with Non-Participating Manufacturer for Escrow Compliance in Virginia and Appointing Resident Agent for Service of Process” form can be found at www.vaag.com ; Programs and Initiatives; Tobacco Enforcement.
Yes <input type="checkbox"/> No <input type="checkbox"/>	A diagram of the equipment and facilities used for manufacturing and photographs of the interior and exterior of the facility.
Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	A copy of all contract manufacturing agreements for any Brand Family that the TPM intends to sell directly or indirectly in Virginia.
Yes <input type="checkbox"/> No <input type="checkbox"/>	For each Brand Style, images of all packaging must be included with the Initial, Annual, or Supplemental Certification Application. TPM may submit either a disc or flash drive containing photos of current packaging
Yes <input type="checkbox"/> No <input type="checkbox"/>	A complete Compliance Certification form for calculation of escrow due or a Certification of No Sales by the TPM. Forms can be found at: www.vaag.com ; Programs & Initiatives; Tobacco Enforcement.
Yes <input type="checkbox"/> No <input type="checkbox"/>	A list of trademark owners, including address and phone number, for each brand family identified.

Yes <input type="checkbox"/>	No <input type="checkbox"/>	Proof of current ownership of (or assignment of rights to) trademarks for all brand families for which the TPM is seeking certification.
Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
		A copy of the current Center for Disease Control and Prevention (CDC) Certificate of Compliance and Ingredient Report. <i>*cigarettes only</i>
Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
		A copy of the current Federal Trade Commission (FTC) written approval of the TPM's current Cigarette Health Warning Rotation Plan. <i>*cigarettes only</i>
Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
		For each Brand Family, a letter from the Virginia Fire Marshall's Office indicating that the brands for which the TPM seeks certification satisfy Fire Standard Compliance (FSC) requirements. <i>*cigarettes only</i>
Yes <input type="checkbox"/>	No <input type="checkbox"/>	A copy of the TPM's Tobacco Tax Bureau (TTB) permit(s) as manufacturer and/or importer.
Yes <input type="checkbox"/>	No <input type="checkbox"/>	A copy of each month's report filed with the TTB.
Yes <input type="checkbox"/>	No <input type="checkbox"/>	A copy of each month's report filed with the Department of Taxation (TT-18).
Yes <input type="checkbox"/>	No <input type="checkbox"/>	A copy of the registration filed with the Department of Taxation pursuant to the Prevent All Cigarette Trafficking ("PACT") Act, and a copy of each month's report filed with the Department of Taxation regarding shipments made into Virginia Pursuant to the PACT Act.
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Is product manufactured outside of the United States?
Supporting Documents Attached <input type="checkbox"/>		If Yes: For each Brand Family (and Brand Style if applicable), not manufactured in the United States, please provide copies of the following: (1) the sworn statement of the original manufacturer that it will timely submit ingredients to the Secretary of Health and Human Services as required by 19 U.S.C. § 1681a(c)(1); (2) the importer's certificate under penalty of perjury as required by 19 U.S.C. § 1681a(c)(2) regarding the precise format of warnings and the rotation plan for health warnings; <u>and</u> (3) the trademark holder's certificate under penalty of perjury that is has not withdrawn consent to import into the United States as required by 19 U.S.C. § 1681a(3)(A) or a copy of the importer's certificate under penalty of perjury that the trademark owner has not withdrawn consent to import into the United States as required by 19 U.S.C. § 1681a(c)(3)(B).
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Does the TPM qualify as a new manufacturer or elevated risk pursuant to Va. Code Sec. 3.2-4206.1?
Supporting Documents Attached <input type="checkbox"/>		If yes: Please provide a copy of the applicant's current surety bond posted for the exclusive benefit of the Commonwealth Virginia. Forms can be found at: www.vaag.com ; Programs & Initiatives; Tobacco Enforcement.
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Is the TPM certified in other states?
Supporting Documents Attached <input type="checkbox"/>		If yes: Please provide a list of all other states in which TPM is certified.
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Is the TPM or any person listed in the application entitled to claim Sovereign Immunity based on Tribal Status?
Supporting Documents Attached <input type="checkbox"/>		If yes: provide information regarding tribal status and affiliation.

Part 18: Affidavit of Tobacco Product Manufacturer (*must be executed by an authorized officer*)

Under penalty of perjury, I state that (1) the Tobacco Product Manufacturer, as of the date of this Certification, is a Non-Participating Manufacturer in full compliance with all applicable sections of Va. Code §§3.2-4200 through 3.2-4219; (2) I have examined the eleven pages comprising the Certification, including attachments and supporting documents, and, to the best of my knowledge and belief, this Certification, including attachments and supporting documents, is true, correct and complete; (3) I understand that the Tobacco Product Manufacturer is required to comply with state and federal laws concerning the sale of tobacco products; (4) I understand that the Attorney General may require additional information and/or documentation to determine if the Tobacco Product Manufacturer qualifies for listing in the Virginia Tobacco Directory; and (5) I am a qualified company officer authorized to bind the Tobacco Product Manufacturer making this Certification.

Name: _____ Title: _____
 Phone: _____ Fax: _____
 Email: _____
 Signature: _____ Date: _____

Notary:

City/County of _____, State and Nation of _____

Subscribed and sworn to before me on this date: _____

Signature: _____

My commission expires: _____

**Mail this *original* fully executed
 Certification and all attachments and
 supporting documents to:**

Office of the Attorney General
 Attn: Tobacco Section
 202 N. 9th Street
 Richmond, Virginia 23219

**Mail a copy of the Certification
 Application to:**

Virginia Department of Taxation
 Attn: Tobacco Tax Unit
 P.O. Box 715
 Richmond, Virginia 23218